

I AM Navy Medicine

RSS : Posts Comments

NAVY MEDICINE LIVE

THE OFFICIAL BLOG OF U.S. NAVY AND MARINE CORPS HEALTH CARE • 2011 & 2012 WINNER OF BEST NAVY BLOG

HomeAboutDisclaimerNavy Medicine NewsNavy Medicine WebSiteI AM Navy Medicine

Written on NOVEMBER 2, 2011 AT 8:35 AM by PROSS

Lt. Cmdr. Andy Baldwin Continues Mission in Kenya (Part 1 of 2)

Filed under UNCATEGORIZED

[NO COMMENTS]

By Lt. Cmdr. Andy Baldwin, Family Medicine resident, Naval Hospital Camp Pendleton, Calif. Lt. Cmdr. Baldwin is participating in a month long rotation in Western Kenya as part of his Family Medicine Residency at Naval Hospital Camp Pendleton, Calif.



Lt. Cmdr. Andy Baldwin, Family Medicine resident, Naval Hospital Camp Pendleton, Calif., speaks with a 97-year old man in the village of Ziwa during an outreach mission in Kenya.

The Kenya Ministry of Health designates health care facilities by their ascending level of care starting with Dispensary, then Health Center, then Hospital. Whether public, private, or faith-based organization funded facilities receive these designations.

Shortly before I arrived in Kenya, the Chebairwa Health Center went from a designation of Dispensary to that of Health Center. This marks an impressive milestone to achieve in less than five years. It is a reflection of the hard work and dedication of the director, Michelle Kiprop, and the lead staff of the clinic who have put in expanding the clinic's

reach, resources, and capabilities.

One way a clinic such as Chebairwa raises awareness, spreads good will, and improves the health of the community is to do humanitarian outreach visits.

Many experiences I have had as part of U.S. Navy Medicine's Global Force for Good are centered on this humanitarian assistance outreach model. So when Michelle Kiprop asked what I did best as a Navy physician, I told her I liked to get out in the community doing public health education and visiting rural areas providing health care. Last week here in the Rift Valley of Kenya, I had the opportunity to do both. It was exhausting work, but very rewarding and effective.

This is how it came to pass. Last year, Chebairwa Clinic's Optometrist Kimboi had passed through a rural village named Ziwa about two hours away by car. He stopped for a cup of chai tea and started talking with a villager who happened to be one of the pastors at the village's church. After hearing that Kimboi was an eye specialist he reported that for several years now he could not see when he tried to read the bible. Kimboi happened to have some glasses in his vehicle and was able to outfit the man with reading glasses and voila, the pastor could see

Navy Medicine Video

Navy Medicine is a global healthcare network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Navy Medicine Social Media

Follow us on Twitter

Join us on Facebook

Read our publications

View our photo stream

Watch our videos

Navy Medicine Live Archives

March 2015 (5)

February 2015 (16)

January 2015 (12)

December 2014 (17)

again! The pastor was so taken by this gift and his renewed sight he invited Kimpboi to return to the town with the rest of the medical team in order to evaluate all of those in the community. He said that the medical team could use the large unfinished village church as a treatment area.

Upon my arrival in Kenya, we worked towards setting up this outreach trip. Cards with the address and directions to the Chebaiywa Clinic were printed and distributed. Eyeglasses of various prescriptions were stockpiled. Common medications were assembled. Dental extraction devices were packed. The church pastor was contacted, and posters were put up around town advertising our team coming. It felt very similar to planning logistics of outreach missions when I was on the USNS Comfort as part of Continuing Promise 2009 in Central and South America. We were ready to go, but one issue remained. We had no way to get there. The Health Center does not have a vehicle/ambulance/van of its own to transport patients to the clinic or the hospital or to do these outreach missions. This is a major limitation and I urge people to donate if you can give even a little to get this much needed resource. It will help save many lives. At the last moment, we were able to convince the Children’s Home Orphanage driver to take us there for a hefty fee.

We piled into the rickety van early on a Friday morning, and we were off to Ziwa! Several hours later after a few wrong turns and stopping to ask random passersby where Ziwa was located, we finally made it to the town and tracked down the unfinished church. The Pastor and several area elders (they call them Muzees) were there to greet us. They talked only in the local tribal tongue of Kalenjin so I definitely had no idea what they were saying. Yet I could understand the body language and it was clear that Kitur, the head nurse from the Clinic, was a bit annoyed that there was a large church but empty with no people to be seen. Had they forgotten to put up the posters? No, the Pastor said, but perhaps the people did not understand. We huddled and decided we would drive into the village, get some chai tea, and troll for some business. So we piled back into the vehicle, I made sure to wear my white coat, and we drove down the dirt road to the rickety shacks of downtown Ziwa.

The village was full of people carrying on their daily business of herding cows and goats, transporting items on backs of donkeys, making sandals out of tires, and doing maintenance on vehicles. All eyes turned when we emerged from the vehicle and Kitur started to tell people to go to the church to get eye care, teeth care, and to see a “Muzungu Daktari” (white doctor from America). Word of mouth quickly spread with giggles of the children and stares of the people intensifying. We were definitely remote as judged by the reaction of the people to a white person. The Kalenjin tribal influences were definitely more evident as well with beautiful colored fabrics being worn on the bodies and heads of the women. Also, both men and women had earlobe holes incredibly stretched out. Some earlobe holes were so stretched that they would flip the hole up on top of their ear to keep it from flopping around so much. We returned to the church, and set up shop. Kitur and I were in charge of seeing any medical patients, doling out medications and eyeglasses. The dental tech would do teeth extractions. The nurse midwives would check in patients, write down chief complaints, and take blood pressures. The church that was empty just an hour before was now filling with people. We worked tirelessly throughout the day seeing patient after patient, many with the same last name but of no relation. There are such common Kalenjin names, in their minds they are all related. I struggled to understand the language, but quickly became fond of the word “Oye”, pronounced as the latter part of the word ‘boy’ would sound. In Kalenjin, this means Okay. So I would say “Oye” and if I got a smile or a similar response, all was good.

November 2014 (11)
October 2014 (15)
September 2014 (20)
August 2014 (14)
July 2014 (13)
June 2014 (8)
May 2014 (11)
April 2014 (9)
March 2014 (14)
February 2014 (7)
January 2014 (7)
December 2013 (7)
November 2013 (12)
October 2013 (7)
September 2013 (14)
August 2013 (13)
July 2013 (11)
June 2013 (22)
May 2013 (15)
April 2013 (14)
March 2013 (14)
February 2013 (14)
January 2013 (12)
December 2012 (11)
November 2012 (11)
October 2012 (7)
September 2012 (9)
August 2012 (12)
July 2012 (13)
June 2012 (17)
May 2012 (22)
April 2012 (14)
March 2012 (13)
February 2012 (14)
January 2012 (13)
December 2011 (13)
November 2011 (20)
October 2011 (22)
September 2011 (12)

I AM Navy Medicine

RSS : Posts Comments

NAVY MEDICINE LIVE

THE OFFICIAL BLOG OF U.S. NAVY AND MARINE CORPS HEALTH CARE • 2011 & 2012 WINNER OF BEST NAVY BLOG

HomeAboutDisclaimerNavy Medicine NewsNavy Medicine WebSiteI AM Navy Medicine

Written on NOVEMBER 3, 2011 AT 8:17 AM by PROSS

Lt. Cmdr. Andy Baldwin Continues Mission in Kenya (Part 2 of 2)

Filed under UNCATEGORIZED

{NO COMMENTS}

By Lt. Cmdr. Andy Baldwin, Family Medicine resident, Naval Hospital Camp Pendleton, Calif. Lt. Cmdr. Baldwin is participating in a month long rotation in Western Kenya as part of his Family Medicine Residency at Naval Hospital Camp Pendleton, Calif.



Lt. Cmdr. Andy Baldwin visits with school children in the village of Ziwa during his outreach trip in Kenya.

The last time I wrote, I left off in the village of Ziwa, where I had traveled nearly two hours by van to administer aid to the local residents.

One of the first patients I saw was an elderly woman named Margaret in a beautiful red dress. She spoke a bit of Swahili, so I was able to communicate that I was Dr. Andrew and from then on she kept saying Andrew, Andrew, Andrew over and over again. Using the eye refractor we were able to decipher that her distance vision was very poor. She had been stumbling around a bit on

her way in, and had to have her friends help her. Now we knew why. We outfitted her with some -4.0 eyeglasses and when I put them on her, Margaret's smile got even bigger. She was so happy. She demanded that we take a photo together, so I donned a pair of eyeglasses as well and we captured a photo in which I was definitely smiling too. I can't seem to get the image out of my head of this adorable old woman in a red dress now being able to see where she is going in the small town.

Similar stories emerged all throughout the day at the church in Ziwa. Terrible toothaches healed by extraction, painful conjunctivitis treated by eye drops, rashes cured, parasites treated, and most commonly the gift of sight being restored or in some cases given for the first time. We had an old man bring in his even older father of 97-years old. Upon learning this, I did a double take because this elderly man in a cowboy hat did not look like he was more than in his seventies maybe eighties. Yet his son produced identification that showed that he himself was in his seventies and told us that his aunt had lived to be 108. The benefits of staying active and eating natural healthy foods, I tell ya! We were able to get both the son and his almost 100-year old father eyeglasses so they could see.

Around lunchtime, a woman in a beautifully colored dress walked in with her son who looked to be about eight-years old. The mother was concerned about a rash her son had and I gave him some medication to treat it. I talked to the boy through some broken Swahili and found

Navy Medicine Video

Navy Medicine is a global healthcare network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Navy Medicine Social Media

twitter Follow us on Twitter

facebook Join us on Facebook

issuu Read our publications

flickr View our photo stream

YouTube Watch our videos

Navy Medicine Live Archives

March 2015 (5)

February 2015 (16)

January 2015 (12)

December 2014 (17)

out that he very much liked to run. He did not have any shoes and his feet were cut up. I told him to continue running and follow his dream. And before he was gone, I pulled out some ING Run For Something Better orange shoelaces and gave them to him. I told him that these are extra special shoelaces and when he gets shoes to put them in them, they will help him run extra fast. I still can't get that little boy's smile out of my head. He was so happy.

Mid-afternoon, a teacher came to the church and asked if I would be willing to go and speak to students in the village. They could not get out of school to come to the church but perhaps "the Mzungu" could come there. He said it would make a large difference in inspiring the children of this town. "How do I get there," I asked. "I will take you by motorbike," he said. I asked nurse Kitur if he could come as well and he agreed to go to help and translate. With my white doctor's coat I got onto the back of the motorbike and away we went. Up and down a hill, through mud, and rocks, and many cow droppings we went. Arriving at the school, I saw a sea of green uniforms playing in the schoolyard. The activity level of the children here is astronomical. I could not spot an overweight child in the group of probably 100 kids. With one word from the teacher, they amassed and sat down under a tree. I introduced myself and Kitur translated. I spoke about the importance of believing in oneself, that God put us on this Earth with an individual heart and a mind capable of doing amazing things. I related the story of how I decided to become a doctor when I saw the ability of a doctor to heal my grandfather. I talked with them about how I have traveled the world underwater, on sea, on land, and in the air with the United States Navy. I even placed my white coat on a boy and a girl that said they wanted to be doctors. The other kids giggled and when I asked for questions they were incredibly shy. Not a hand went up. But when the teacher dismissed the class, suddenly I was awash in a sea of green as the kids were all around me, trying to touch and shake my hands. They want to touch "Mzungu Daktari," the teacher said. Many of them had not seen a white man before. The teacher pointed out an old tattered group of five classrooms. "Those classrooms are not in use, because of how few families in this area value the importance of education. The kids stay home to work the farms. Hopefully the children will spread the word. You inspired them much today. They will speak of this for months and years to come. Thank you." I felt a wide range of emotions, happy for making a positive difference but also quite troubled and humbled by what I had seen and heard. I returned by motorbike to the church and saw, even as dusk was approaching, a continued influx of bright Kalenjin outfits coming into the church to register.

We met with the church elders and it was decided the day had been an incredible success and that we would have to come back or perhaps some of the people could come to the Chebaiywa Clinic. In total, we saw and treated over 150 patients that day, distributed over 100 pairs of eyeglasses, and spoke to over 100 primary school children. Exhausted and with nightfall upon us, we piled back into the rickety van and made our way back to Chebaiywa. In the darkness and dodging cars on an exceedingly bumpy ride home, it sunk in the difficult life the majority of the poor in this world face — some without even the ability to see. And if they could see, not having the chance to learn how to read a book or see beyond the horizon. We had changed a lot of lives just in one day, with a little teamwork, and using our skills to the best we could. Kitur, the head nurse broke the silence, "Just imagine how many people we can help in the Rift Valley if we had a vehicle and could reach these communities every week."

I wish, I hope, I pray.

November 2014 (11)
October 2014 (15)
September 2014 (20)
August 2014 (14)
July 2014 (13)
June 2014 (8)
May 2014 (11)
April 2014 (9)
March 2014 (14)
February 2014 (7)
January 2014 (7)
December 2013 (7)
November 2013 (12)
October 2013 (7)
September 2013 (14)
August 2013 (13)
July 2013 (11)
June 2013 (22)
May 2013 (15)
April 2013 (14)
March 2013 (14)
February 2013 (14)
January 2013 (12)
December 2012 (11)
November 2012 (11)
October 2012 (7)
September 2012 (9)
August 2012 (12)
July 2012 (13)
June 2012 (17)
May 2012 (22)
April 2012 (14)
March 2012 (13)
February 2012 (14)
January 2012 (13)
December 2011 (13)
November 2011 (20)
October 2011 (22)
September 2011 (12)